

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING THE ADMINISTRATOR FOR THE DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT TO APPLY FOR AND ACCEPT, IF AWARDED, THE LEAD BASED PAINT HAZARD CONTROL (LBPHC) GRANT, WITH A MINIMUM TEN (10%) PERCENT MATCHING FUND SATISFIED BY THE THDA PROGRAM INCOME, IN THE AMOUNT OF ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), FOR A TOTAL GRANT IN THE AMOUNT OF ONE MILLION DOLLARS (\$1,000,000.00).

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF CHATTANOOGA, TENNESSEE, That it is hereby authorizing the Administrator for the Department of Economic and Community Development to apply for and accept, if awarded, the Lead Based Paint Hazard Control (LBPHC) grant, with a minimum ten (10%) percent matching fund satisfied by the THDA program income, in the amount of \$100,000.00, for a total grant in the amount of \$1 million.

ADOPTED: _____, 2016

/mem

City of Chattanooga



Resolution/Ordinance Request Form

Date Prepared: April 26, 2016

Preparer: Tony O. Sammons for Donna C. Williams

Brief Description of Purpose for Resolution/Ordinance: Res./Ord. # _____ Council District # _____ Citywide

A resolution to allow the Department of Economic and Community Development to apply for and accept if awarded the Lead Based Paint Hazard Control (LBPHC) Grant in the amount of \$1,000,000. The grant requires a minimum 10% match of \$100,000 which will be satisfied by THDA program income.

The grant is offered by the Federal Department of Housing and Urban Development, and is due on April 28, 2016.

Name of Vendor/Contractor/Grant, etc. _____

New Contract/Project? (Yes or No) Yes

Total project cost \$ 1,000,000

Funds Budgeted? (YES or NO) No

Total City of Chattanooga Portion \$ 0

Provide Fund

City Amount Funded \$ 0

Provide Cost Center

New City Funding Required \$ 0

Proposed Funding Source if not budgeted _____

City's Match Percentage % 10%

Grant Period (if applicable) _____

List all other funding sources and amount for each contributor.

Amount(s)

Grantor(s)

\$100,000.00

Match will be satisfied by THDA Program Income

\$ _____

Agency Grant Number _____

CFDA Number if known _____

Other comments: (Include contingency amount, contractor, and other information useful in preparing resolution)

Approved by: _____

Reviewed by: FINANCE OFFICE

DESIGNATED OFFICIAL/ADMINISTRATOR

Please submit completed form to @budget, City Attorney and City Finance Officer

Revised: 1/26/09